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ABSTRACT

The development of the communication component of a program promoting breast feeding to a variety of audiences through a variety of media is the focus of this paper. The introduction discusses groups, in addition to pregnant and lactating mothers, who should be involved and receive information. The paper then (1) identifies audiences--including women in the fertile age-group (15-44) and secondary audiences--who influence mothers' attitudes and breast-feeding practice; (2) provides an analysis of audience beliefs and behavior; (3) describes people important in promoting breastfeeding, such as midwives and women who have had good experiences with breastfeeding; and (4) tells how to change the behavior and beliefs of public officials, the medical establishment, and the mass media. A communication matrix for a breast-feeding promotion campaign and a table to be used for planning and implementing a communication program are appended. (EL)

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PLANNING A BREAST-FEEDING PROMOTION CAMPAIGN

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PSC AND TRAINING SECTION
UNICEF/EAPRO
BANGKOK

EAPRO HANDBOOKS ON COMMUNICATION AND TRAINING NO. 3

PLANNING A BREAST-FEEDING PROMOTION CAMPAIGN

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CONTENTS

	Page
PLANNING A BREAST-FEEDING PROMOTION CAMPAIGN	1
IDENTIFICATION OF AUDIENCES TO BE REACHED BY THE BREAST-FEEDING PROMOTION CAMPAIGN	3
ANALYSIS OF AUDIENCE BELIEFS AND BEHAVIOUR	6
CHANNEL SELECTION AND USAGE	10

Exercise 1 Planning a Breast-feeding Promotion Campaign

Exercise 2 Planning a Communication Programme

PLANNING A BREAST-FEEDING PROMOTION CAMPAIGN

Introduction

In the EAPRO Handbook on Programme Communication we discussed in some detail the steps to be taken in planning a programme communication component using communication for an Expanded Programme of Immunization by way of illustration. In this brief companion paper we shall look at the steps needed to develop similar activities for promotion of breast-feeding.

Sometimes promotion of breast-feeding is seen largely or totally as an exercise in communication of its benefits to pregnant and lactating mothers, but there are usually many other groups who should be involved, and who need other types of information. Hospital staff may need to be convinced of the benefits of breast-feeding, and persuaded that allowing mothers to breast-feed need not disrupt hospital routine. Complementary to this, in some countries mothers themselves have been mobilized to demand their rights to breast-feed by informing them of the reasons why breast-feeding was discouraged by nurses and doctors in hospitals. There are many different AUDIENCES who need different items of information relating to the topic of breast-feeding. In short, we must think of a programme of communication.

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Promotion of breast-feeding must also be viewed programmatically in the sense that successful promotion of breast-feeding is dependant on many other changes in the mothers' environment. Provision of correct information to mothers and various support groups is necessary but not sufficient. We referred above in passing to the possible changes required in hospital practices to allow mothers to breast-feed -- allowing babies to stay with their mothers rather than in a communal nursery is an important measure in facilitating the establishment of breast-feeding, for example. But, thinking beyond the hospital, the mothers' working environment is an important factor in determining whether or not she will continue to breast-feeding her baby. Perhaps, she must make a long and difficult journey to her place of work; the shop, office or factory where she works has no facility for child-care. Perhaps, she has no refrigerator at home or at work so that expression and storage of her milk is not possible. In such a situation there are two possible courses for programme and programme communication officers; first, to try to bring about necessary changes in the mothers' work situation through both advocacy and financial assistance; or to change the message which we are giving in recognition of the fact that to expect a mother to breast-feed at all, let alone for one year, is unrealistic unless conditions change. It may be more realistic in some cases to accept the fact that she will use substitutes and that we should provide her with the information necessary to enable her to use them correctly?

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IDENTIFICATION OF AUDIENCES TO BE REACHED BY THE BREAST-FEEDING PROMOTION CAMPAIGN

. Women in the fertile age-group (15-44)

- currently pregnant women
- lactating women
- women who ever breast-fed
- women who never breast-fed
- adolescent girls.

Our primary user group for the breast-feeding promotion campaign is women in the fertile age-group (15-44). Different categories of women in this user group may face very different constraints on their willingness or ability to breast-feed and we must take these differences into account when seeking more data on different audiences, and when seeking to understand why they do what they do. Such conditions will also help us to determine which group should be a priority in terms of time and attention.

Difference in beliefs and behaviour on this issue will, to some extent, follow urban/rural lines; will be affected by the woman's participation in the work force outside the home, and the extent to which she is exposed to media promotion of breast-milk substitutes, and the aura of supposed glamour surrounding their use.

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Other influences on a mother's decision to breast-feed or not to breast-feed are, of course, the people in her home, her community, her medical service points, and any external media or other sources who provide her with "facts" and views on the subject.

From the programme communicators' point of view, these are the secondary audiences for our own communication input by which we hope to encourage them to influence the women in our primary audience group.

. Secondary "audience" groups who influence mothers' attitudes and breast-feeding practice

- mothers/sisters/friends/husbands
- TBAs, health workers at health centre
- hospital staff
- mass media inputs into the home and community/neighbourhood
- marketing/advertising by commercial companies/agents for breast-milk substitutes.

All these secondary audiences can be in direct contact with the mother and so influence her very powerfully. But beyond and behind these individuals and institutions are probably a third "audience" category of which she may be unaware but which are also an important "target" for our programme communication work:

- media producers (who determine the depiction and "image" of breast-feeding/bottle-feeding in radio/TV/film)

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- marketing companies (who design campaigns for their product)

- health establishment (who determine inter-alia hospital policy on breast-feeding, rooming-in, etc.)

- consumer groups (who may challenge the role and power of the companies marketing breast-milk substitutes, in the interest of the consumers' health and well-being)

- national policy-making bodies (who determine which products can be sold and promoted in the country).

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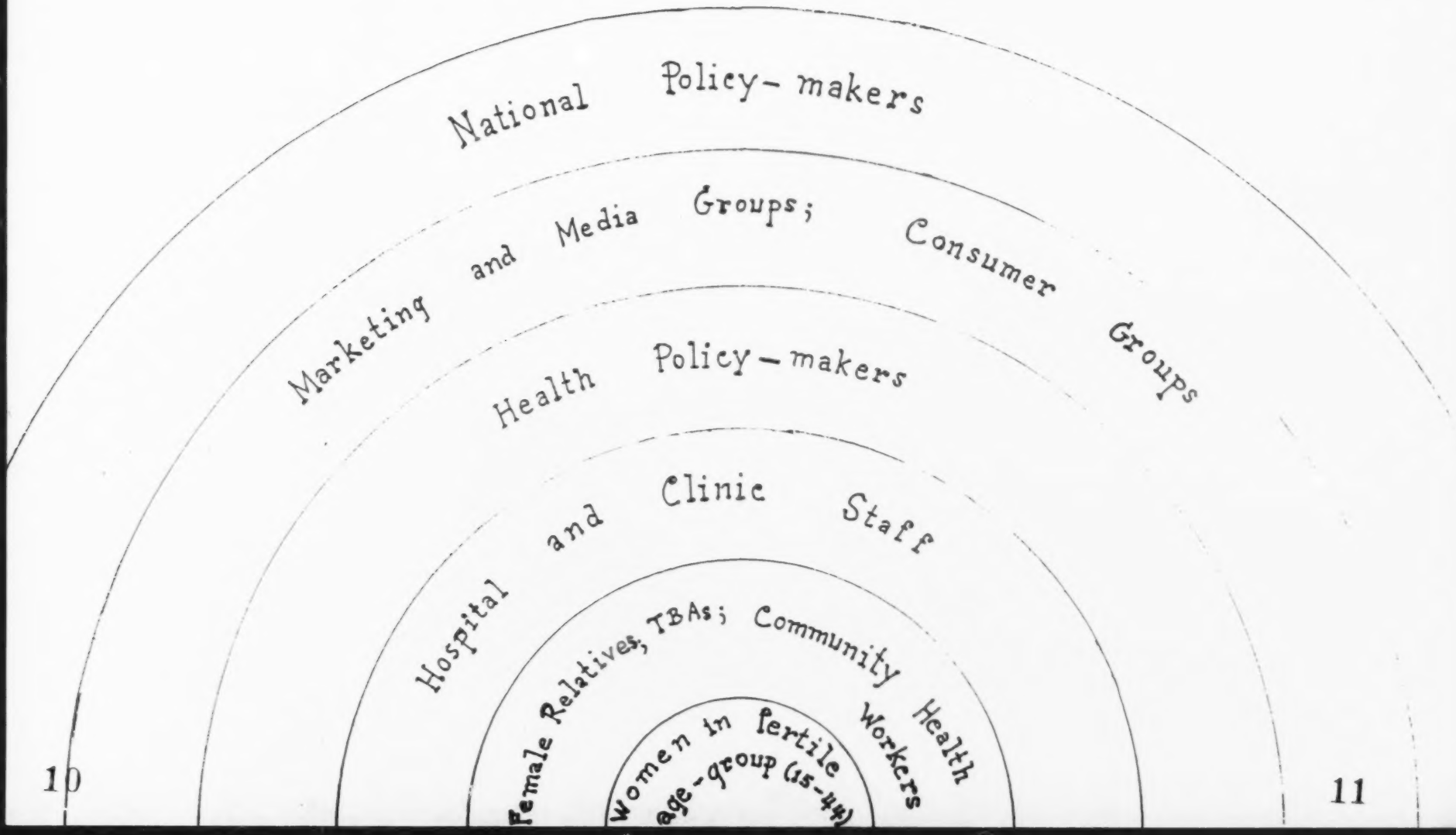
Audiences for a Breast-feeding Promotion Campaign


National Policy-makers
Marketing and Media Groups; Consumer Groups
Health Policy-makers
Hospital and Clinic Staff
Female Relatives, TBAs; Community Health Workers
Women in fertile age-group (15-44)

ANALYSIS OF AUDIENCE BELIEFS AND BEHAVIOUR

. Women in fertile age-group 15-44 (especially currently pregnant or with children 0-12 months)

Having identified the various groups who must be reached we should ask ourselves what we know about their breast-feeding practices, and the beliefs which underlie this behaviour. As indicated earlier both beliefs and behaviour will vary between women in different economic and occupational conditions and this will affect message design and the priority we give to different groups. Women in rural areas, for example, may still see breast-feeding as the only alternative if breast-milk substitutes have not yet reached them. They may, however, begin supplementary feeding too early, or consider colostrum "unclean" and would perhaps benefit from additional information to reinforce their current good practice, and to fortify them against the expected arrival of breast-milk substitutes

Urban middle-class women may already be dedicated to bottle-feeding, but this does not necessarily make them a priority group for a communication programme. Studies have shown that children from privileged groups who are fed breast-milk substitutes are not necessarily inferior in health or nutritional status from breast-fed babies. Urban middle-class families usually have access to clean water, appreciate the importance of sterilizing the bottles and of mixing the formula correctly.

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On the other hand, none of these conditions may apply to urban women living in poorer areas who are often fully employed outside the home and, therefore, less likely to breast-feed their babies. The programmatic approach to the promotion of breast-feeding which was mentioned above needs to be applied here. It is not enough merely to say "Breast is Best" if breast-feeding is not a viable alternative in the mothers' present work and living conditions.

What are some of the major questions to which we need the answers before planning programme communication and other interventions in support of breast-feeding?

- do women breast-feed routinely and for how long?;
- do mothers know the value of colostrum to the new-born child or is colostrum discarded?;
- what supplementary foods are used and when are they introduced?;
- do mothers continue to breast-feed when the baby has diarrhoea?;
- are breast-milk substitutes, indigenous or other ever used and what are they?;
- are all babies given breast-milk (premature babies; babies -- both sexes)?

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We should also look beyond discernible practices to the beliefs which underlie those practices.

The decision to breast-feed or not may be affected by the mothers' belief in her own capacity, relating to her age or the size of her breasts; to the appropriateness of the practice to her particular social group (breast-feeding may be regarded as a sign of low-status, poverty, or backwardness); and to many other attitudes relating to aesthetics, health, sexuality, etc.

The search for more data leads back again to those secondary and tertiary audiences who influence our mothers. Analysis of breast-feeding messages provided by TBAs, by hospital and clinic staff or through the mass media give us insights not only into the programme communication needs of these groups themselves but also into the communication needs of the mothers they influence.

Traditional Birth Attendants, for example, are very likely to share the same belief system as our village mothers. They also may believe that colostrum should be discarded, and that supplementary foods should be introduced earlier than we would consider desirable.

Hospital and clinic staff though likely to be better educated and informed may oppose the mothers breast-feeding because of the perceived disruption in hospital routine. They may consider it easier for all babies to be given formula at the same time rather than to be fed on demand by their mothers.

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The "image" of breast-feeding created by the media can have a powerful impact, particularly in urban areas on all categories of people we are concerned with here. If bottle-feeding is regularly portrayed as being more hygienic, more prestigious, more enlightened than breast-feeding the appeal may be hard to resist.

In summary, then we need to know what "interference" reaches the mothers from the channels which we would like to use. If the very media we are proposing to use -- e.g. TBAs, -- are working counter to our approach then we need to "convert" them first or choose other channels.

There are, of course, other sources of data on our primary user group which need to be explored. Aside from the individuals and institutions who are concerned with the mothers' health and nutrition we may perhaps expect to find some data on breast-feeding practices from our colleagues in population and family planning. Child-rearing practices and patterns have also always been a favourite beat of the anthropologists.

In the commercial field, we should also find some interesting -- though not always readily available -- clues about breast-feeding from the distribution/consumption figures of the companies marketing and promoting breast-milk substitutes; and from consumer surveys of the sale of babies' bottles, rubber nipples and other artificial aids!

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CHANNEL SELECTION AND USAGE

As discussed in detail in our companion handbook on Programme Communication, different media are good for different tasks. For real dialogue on sensitive issues interpersonal communication is still unbeatable. Perhaps, therefore, our most important media for the promotion of breast-feeding may be the traditional and official midwives who have direct contact with the mother before, during and after delivery. If we can reach these groups through their training courses, and by providing communication materials to them we may make a strong impact.

Another personal and direct channel which has been used in some campaigns is the "satisfied acceptor" that is to say a woman who has good experience of breast-feeding who will advocate its practice to her "sisters" in women's groups, or in ante-antal clinics.

When looking for direct ways to reach mothers we should not forget the other MCH and nutrition campaigns of which they might already be the focus and into which breast-feeding promotion can be usefully integrated. For example, messages about the value of continuing breast-feeding to avoid dehydration can be included in an ongoing ORS/ORT campaign. Similarly, family planning communication activities should include information about the role of breast-feeding in delaying the onset of ovulation, hence its family-spacing function. Often then we can "piggy-back" on other programme communication activities already ongoing and directed towards our user group.

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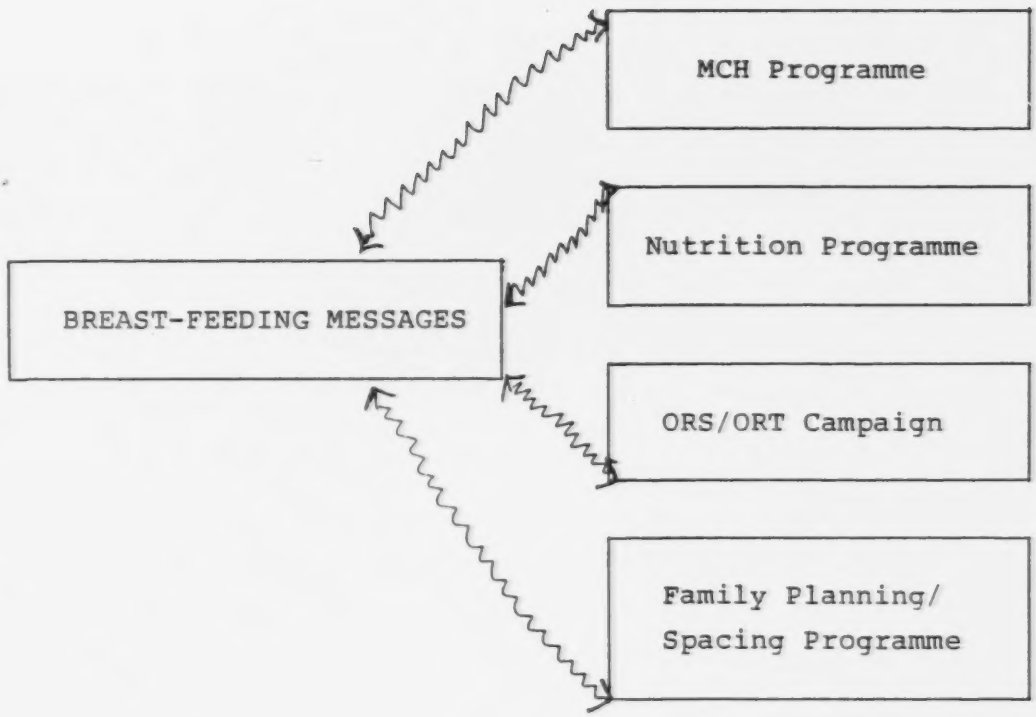
MCH Programme
Nutrition Programme
BREAST-FEEDING MESSAGES
ORS/ORT Campaign
Family Planning/
Spacing Programme

In order to work through change agents at the grass-roots level we may have to convince and re-orient the higher echelons of the relevant hierarchies, such as the Ministry of Health officials who determine hospital, clinic and health centre practices and the kinds of training received by personnel staffing these facilities.

It seems unlikely that senior medical personnel would be unaware of the real benefits of breast-feeding to the child although they may not be conversant with the studies which show the dramatic decline in the incidence of diarrhoea and sepsis in hospitals where breast-feeding is the norm rather than the exception.* Often their opposition to breast-feeding relates to their belief that it interferes with the maintenance of strict hospital routine or, more sinisterly, to the fact that they have established some sort of alliance with the milk companies and are, thus, promoting their products!

Changing the behaviour of this group in the "worst cases" mentioned above does not involve providing them with correct information. This they already have. The issue can be tackled through two main approaches; first, by informing the mothers why the hospitals/clinics discourage breast-feeding and "politicizing" them to demand their rights; and, secondly, as a companion approach, by judicious exposure of "malpractice" and its causes, through the media.

Where consumer groups have been created for protection of public rights they can be usefully employed to bring needed pressure to bear on the medical establishement.

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* See Natividad Relucio-Clavano The Promotion of Breast-feeding, SOWCR, 1984, p.86-89.

Such groups are often active also in bringing pressure to bear on the decision-makers who are not necessarily health experts, such as members of the national legislative body who control the production or import of breast-milk substitutes, and their marketing and promotion. Decision-makers of this type and at this level may indeed need more information about the proven benefits of breast-feeding and the dangers and disadvantages of the use of substitutes for most cases. They will also have to understand the strengths and appeal of substitutes to certain groups of mothers and the ways in which the product is promoted. Only by mobilizing this group of top-level decision-makers will it be possible to draft and enforce a national version of the International Code of Marketing of Breast Milk Substitutes.*

Mass media comprise another powerful source of influence on the way mothers feel about the breast vs. bottle issue. If bottle-feeding is consistently presented through womens' magazines, radio and television shows and film as prestigious, modern and "sexy" this may indeed prejudice many young women against breast-feeding. If, as is often the case, there is a subliminal additional message that breast-feeding is economical and, therefore, "second-class" the negative effects of the mass media can be very serious.

Journalists and media producers are traditionally some of the more difficult groups for programme communicators to reach and influence. The real "point" of most newspapers, films or radio/television shows is to entertain by glamourizing real life and not to "preach". Health, nutrition and similar "do-gooding"

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* The International Code of Marketing of Breast Milk Substitutes was adopted by the Thirty-fourth World Health Assembly in May 1981.

subjects are rarely given prime time or serious space. To compound this difficulty the development agencies rarely have the money or the influence needed to ensure that their concerns get serious attention.

It must be said, however, that both parties have recently made more serious attempts at collaboration.

The development agencies, UNICEF not least, are systematically adopting methods to involve and inform journalists and other media producers about new trends and issues. And many of the latter along with some "stars" of stage and screen have become much more aware of their potential to influence on more weighty matters than has traditionally been the case, the mass of people whom they can reach.

In the preceding paragraphs we discussed breast-feeding promotion as a total programme of communication information and advocacy to a variety of audiences and through a variety of media.

We also saw that such a communication programme would not be enough in and of itself. There are other considerations such as hospital practices and conditions at the mothers' work-place which seriously influence her decision.

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What are the implications of a programmatic approach to breast-feeding promotion for the communication staff in the average UNICEF country office?

First, they must, of course, be thoroughly conversant with the overall programme communication field and even if not "expert" in every aspect from data collection through media production to evaluation, must at least know when these skills are required and when outside support should be sought.

Secondly, the communication staff must be conversant with programme content. One cannot credibly advocate a product only half understood.

And, last but not least -- a recurrent theme for more than a decade -- communication staff must be truly part of the overall programme team if communication is to be integrated into all necessary aspects of the programme.

Jane Bunnag-Haile
Regional PSC Officer
UNICEF-EAPRO
Bangkok

February 1985

Exercise 1 | Planning a Breast-feeding Promotion Campaign

..... Attached is a Communication Matrix for a Breast-feeding Campaign.

The Matrix is partially completed. As you will see the entries are very general and each one requires a further matrix of its own! The entries under Needed Actions, for example, would all require considerable elaboration. You may, however, find it a useful exercise to complete the remaining columns after reading the text or to develop a similar matrix with your colleagues when planning an actual campaign or in a communication training exercise.

Audience Groups	Objectives/Messages	Channels/Media Used	Needed Actions	Collaboration with	
				In Office	Outside Office
1. Women in Fertile Age Group (15-44)					
Pregnant and lactating women (rural/urban)	. To reinforce good practices where they exist; . To inform about real benefits of breast-feeding over alternatives; . To teach techniques of establishing and maintaining breast-feeding for required period of time; correct weaning practices; . Maternal nutrition during lactation period; . To counteract misinformation about breast-feeding; . To alert mothers to reasons behind possible opposition from medical and health staff; . To make them aware of pressures from from commercial firms to buy their products; . To alert them to dangers of incorrect use of breast-milk substitutes.	. Use of Satisfied Acceptor; . Indigenous and local government midwives; . Health Centre and hospital staff; . Day Care Centre staff; . Family Planning Workers and groups; . Local Women's Groups; . Mass Media; . Adult Education/Literacy Classes	. Identify and collect data on various audience groups; . Analyse other obstacles to the promotion of breast-feeding inherent in programme environment; . Organise needed training and training/communication materials for human communicators; . Develop materials for mass media use; . Programme Implementation; . Monitoring/Evaluation	. Programming Planning colleagues . Monitoring/ Evaluation Officer	. MOH; . NGOs working in MCH and FP; . Women's Organisation; . Media and Consumer Research Groups; . MOE and community development group; . Universities, Social Science Faculties, etc.; . Media Producers . Etc.

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Audience Groups	Objectives/Messages	Channels/Media Used	Needed Actions	Collaboration with	
				In Office	Outside Office
2. Interpersonal Communicators					
. Satisfied Acceptors;					
. Indigenous and local government midwives;					
. Health Centre and hospital staff;					
. Day Care Centre staff;					
. Family Planning Workers and groups;					
. Local Women's Groups					

Audience Groups	Objectives/Messages	Channels/Media Used	Needed Actions	Collaboration with	
				In Office	Outside Office
3. Health Establishment/ Health Policy-makers					
4. Consumer Groups					
5. Mass Media Producers/ Editors/Journalists					
6. National-level Policy-makers					

Exercise 2

Planning a Communication Programme

Communication staff will need to collaborate with a number of colleagues in the course of planning and implementing a communication programme. The attached table to be modified to suit your particular work environment is intended to help you plan these co-operative activities.

Activity	Interoffice Co-operation	External Institutions/ Individuals
. Audience Research and Analysis		
. Media Selection		
. Message Design		
. Materials Development and Testing - training materials for interpersonal communicators; - communication aids for interpersonal communicators; - materials for mass media.		
. Development of Training Modules on Breast-feeding Promotion		
. Equipment Specification and Procurement		
. Equipment and Materials Distribution		
. Contact with Consumer roups and Other NGOs		
. Contact with Mass Media Producers to Enlist their Support		
. Monitoring and Evaluation of Activities		
. Other		